Committee Name (wheel be some as on Statement of Organization) IA ETHICS AND	FOR INSTRUCTIONS, SEE BACK OF FORM DISCLOSURE SUMMARY	PAGE	* Form	FORM DR-2	DISCLOSURE
INFORTANT: Egilizate by 8 type of committees you are reported for: \$\frac{1}{2}\$ \$\frac{1}{2}\$ \$\frac{1}{2}\$\$ \$	COMMITTEE NAME (Must be same as on Statement of Org	penization) IA ETHIC			
CHECK F AMEDIMENT TO REPORT DATED Contributions to all stands holder of Dissolution Form DR-3. (You must continue to file reports until a DR-3 is filed by the end of the section to filed by the end of the end of the section to filed by the end of	Dubuque Co. Friends 1	4 Gestinsion	5 1		21419
A Committee and Committee (\$ County Condidate (\$ Cath Condid	IMPORTANT: Indicate by # type of committee you are reported	no for: W ZUUS JAN 14	G [: 	<u></u>	
Computer Substitution PAC. (11) Local Ballot lissue CANDIDATE COMMITT RESIDENCY: Cardidate Name Political Party (fl applicable) Office Sought Office Sought District (if Senate or House) District (if Senate or House) Size and Campaign Disclosure Board Dis	il a barried carmin continuous (2 KINNAN Carminate) & Auto-	Date (2)State PAC (3)State Part	ء ا		
CARCIDATE COMMETTEES ONLY: Candidate Name Political Party (if applicable) District (if Senate or House) District (if Sen	i. Andrew Activities (The Control of March 1974, 10 July 1974	C (10)School Board or Other Polit		imputer	
Office Sought District (if Senate or House) District (if Senate of Senate or Senate or Indianal Sen	CANDIDATE COMMETTEES ONLY:		\	udited	
Office Sought District (if Sensis or House) Disclosure Board District (if Sensis or House) Fix: 515-281-3701	Candidate Name	Political Party (if applicable			Commission
Late reports are subject to possible child and criminal penalties. Pursuant to lowe Code section 698.32A(7) the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual reportable for filting trappy and socurate reports.	Office Sought	District (if Senate or House	e) [Disclosure Boar 510 E. 12 th , Ste.	d 1A
(report date) Indicate by #	ESTATUS (I FAMILIES)	563-588 TELEPHONE	1-8049	DATE SE	12, 200
Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. (You must continue to file reports until a DR-3 is filed.) STATEMENT OF CASH ON HAND ASM ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.) ADD TOTAL MONEY TAKEN IN THES PERIOD Schedule A: Cash Contributions total (Attach Schedule A) ("also see in-kind below)	Dan 10 2000				
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___YES ___NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

CONSULTANT BREAKDOWN (Schedule G Attached?)

CANDIDATE COMMITTEES ONLY:

For Instructions, See Back of Form

CONTRIBUTIONS MONEY TAKEN IN (Including candidate's personal funds)	(Rev. 07/03)	MONETARY RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization) Authorized Control of Control		CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
1931/08	CK# 7886	Dernie Schuster 2 Julien Dubugue Dr. 52003		\$ 50,00	
12/3/08	ID# CK# 7199	Harry & Tina Tranel 2978 County Hwy H Cum aty, wi 53807		27.69	
12/3/08	CK# 70 21	Nale & Deegnn Garl 16165 N. Cascade Rd		500,00	
1/20/08	ID# ск# 43] 655670	Plasta, IA 52068 Neartland Financial Inc. 1398 Central ave Alburga IA 52001		250,00	
3/3/08	CK# 2297	Richard & Esther Farriam 13717 Werley Glange Dulingue, IA 52002		500,00	
1/09	CK# 4 340	Edna Modera 2512, PENNSYlvania, DER, JA		200.00	
•	ID# CK#				
			SUB-TOTAL	s/527,69	

TOTAL (if last page of this schedule)

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If sumame of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

(for Schedule A)

SCHEDULE

set Form

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE

B MONETARY
(Rev. 07/03) EXPENDITURES

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

CHECK THIS BOX IF
AMENDING FORM

COMMITTE	E NAME (Must be	same as on Statement of Organization)		
1 - 1	marie Co	11.	nsion	
DATE EXPENDED (MM/DD/YR)	BANDIDATE 1D NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS/TO WHOM EXPENDITURE (Disburgement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
19/28/		Westside Business Assoc 730 Kelly Lanc Andergue TA 52003	Servi, Jujene	\$ 150,00
11/6/08	ID# CK# ///27	Dulingue Advertises 29669FK Rd. Dulingue, IA 52002	0	444,00
11/14/08	ID# CK# 1028	Trish Ariscoll Lane 2301 Ariscoll Lane Bernard, IA 52032	Mailings of Supplies	43.63
11/14/08	ID# CK# 	Harry Trancl 2978 County Hivey H Chiles Cours, WF 53807		28, 23
11/21/08	ID# CK# /030	4242 Chamadle Dr Aubuser IA 52002	advortising Business	490, 23
12/3/08	ID# CK# _/03	Carlisle Ryan Digital 4242 enovende Re Dulugue, IA 52002	Rack Cards & adv. Business Cards	1,445.76
	ID# CK#	.0		
	ID# CK#			
			SUB-TOTAL	\$2602.35
			TOTAL (If last page of this schedule)	\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowe Code 68A.402(3)(i).)

Page	of
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(DO NOT INC	DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD (DO NOT INCLUDE LOANS SHOW LOANS ON SCHEDULE F)		
INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS SERVICES PROVIDED OF PURCHASED	OR BALANCE OWED AT CLOSE OF REPORTING PERIOD*
	none		\$
		SUB-TO	OTAL \$
	TOTAL DEBTS OWED BY COMMITTEE AT TO	HE END OF THIS REPORTING PE	Rico S
	nown, show "estimated" beside the figure.		Page of
ANDIDATE COMMIT acurred indebtedness a continuing performance ganizing services. Rep	TEES NOTE: ilso includes each person/entity with whom the candidate's comm e. Enter the name of the consultant who provides or procures ser out on Schedule G the nature of performance and the estimated p	itee has entered into a contract during vices for items such as advertising, fur performance reasonably expected of the	the reporting period for future nd-raising, polling, managing, or e consultant

Extension

SCHEDULE

D

INCURRED

(Rev. 08/98) INDEBTEDNESS

CHECK THIS BOX

IF AMENDING

FORM

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

NOTE: Debts previously reported that remain unpaid must be included on this

Schedule, as well as any new obligations incurred in this period.

COMMITTE	E NAME (Must be same as on Statement of Organiza	(Rev. 06/97) CHECK AMEND	IN-KIND CONTRIBUTIONS THIS BOX IF ING FORM		
DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION
July 31 2008	10467 Hivey 52 N Dubygn, IA 52001		Red Extension Printed Grown Bags	175.00	
0ct 7 2008 0ct 28	Dale Maul 1616 5 N. Cascade Plasta, IA 52068		Buttons	370,00	
2008	Esther Farnum 13717 Merly Diange Dulingue, IA 52002		Fax info. to state	7,50	
*Disclosure la			ochecula)	552.50 553.50	, ,
by marriage). (\$	requires candidates to disclose the relationship of any ationship must be shown to the third degree of consan See Page 2 of forms packet.) If surname of contributo hip, enter "not applicable" in the relationship column.	MINDE PARTY INDIANA		Page(f	of or Schedule E)

SCHEDULE